Form IT-20NE

Indiana Department of Revenue Indiana Nonprofit Organization Unrelated Business Income Tax Return Calendar Year Ending December 31, 2008 or

ite Form ¹⁴⁸ Fiscal Year Beginning AA/ 2008 and End 7/8-08)	ding BB/	/
Check box if amended. A1	Chook he	ox if name changed. B1
Name of Organization	Check bo	Federal Identification Number (FID)
		,
Number and Street	A Indiana County or O.O.S.	ncipal Business Activity Code
	a.a.ia eea.ii, e. e.e.e.	
C D		Felephone Number
City State Z		·
E F G	1 ()
K Check all boxes that apply: 1 ☐ Initial Return 2 ☐ Final Return	3 In Bankruptcy	4 Schedule M
L Do you have on file a valid extension of time to file your return (federal Form 7004 Due Date: 15th day of the fifth month following close of the tax year.	4 or an electronic extension of	f time)? 1 Tyes 2 No
Adjusted Gross Income Tax Calculation on Unrelated Business Income		
1. Unrelated business taxable income (before net operating loss deduction and	specific deduction)	
from federal return Form 990T (attach Form 990T)		1
Specific deduction (generally \$1,000; see instructions)		
3. Interest on U.S. government obligations on the federal return less related expe		
4. Deduction for qualified patents income		4
5. Enter total from lines 2 through 4		·
Subtotal for unrelated business income (subtract line 5 from line 1)		
7. Add back: Charitable contributions, state income taxes, net bonus depreciation		
and IRC Section 199 deductions; enter negative adjustments in -brackets>		7
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning		
amount on line 10)	8	
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 S		
(attach schedule)	9%	
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise		
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-2		
12. Taxable Indiana unrelated business income (line 10 less line 11)		
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). Se		1 1 1
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	14	
15. Total tax due (add lines 13 and 14)		15
Credit for Estimated Tax and Other Payments		
16. Quarterly estimated tax paid: Qrt. 1 Qrt. 2 Qtr. 3 (Otr 4 Enter total	16
17. Amount paid with extension		17
18. Amount of overpayment credit (from tax year ending a)		18
19. Enter name of other credit	Code No. 19a	19b
20. Total credits (add lines 16, 17, 18, and 19b)	Total Credits	20
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed		21
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220		22
Check box if using annualization method		
23. Interest: If payment is made after the original due date, compute interest		23
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, en		
\$10 per day filed past due date		24
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S.		
26. Total overpayment (line 20 minus lines 15, 22, and 24)		26 27
28. Amount of line 26 to be applied to the following year's estimated tax account		28

You must go to the certification and authorization section on page 2 to complete this return.



IT-20NP 2008

Mail order purchases:
Internet purchases:
Other purchases:

1. Total purchase price of property subject to the sales/use tax:

Enter total of Columns C and E

2. Sales/use tax: Multiply line 1C by .06; multiply line 1E by .07

3. Sales tax previously paid on the above items (up to 6% per item in Column C; up to 7% per item in Column E).....

4. Total amount due: Subtract line 3C from line 2C and line 3E from line 2E. Add lines 4C and 4E. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP......

Indiana Department of Revenue Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustme State Form 49189 (R7/8-08)	ent						
Line (a)		Explanation (b)	,	Amount (c)			
Certification of Signatures and Author Under penalties of perjury, I declare I have exa correct and complete. I authorize the Department to discuss my re	amined this return, include	. , ,		the best of my knowled	ge and belief it is true,		
		Organizatio	n's E-mail address EE				
		<u>FF</u>					
<u> </u>		Paid Prep	arer: Firm's Name (or yours	if self-employed.)			
Signature of Officer	Date	∩∩ Check C	ne: 1 []Federal I.D. Numbe	er 2 []PTIN OR 3 []\$	Social Security Number		
Print or Type Name of Officer	MM Title	- NN		[] []			
	Tide						
Personal Representative's Name (Print or T	vpe)	Telephone	number PP				
Telephone numberRR		Address G	G .				
AddressSS		City HH					
City⊤⊤		State	ZIP Code + 4 JJ	ZIP Code + 4JJ			
		_					
State <u>UU</u> ZIP Code	<u>;</u> + 4VV	Paid Preparer's Signature Date					
	Sale	es/Use Tax Work	shoot				
List a		de during 2008 from		ies.			
olumn A		Column B	Column C	Column D	Column E		
escription of personal property purchas	sed from out-of-	Date of	Purchase Price of	Date of	Purchase Price		
ate retailer		Purchase(s)	Property(s) from	Purchase(s)	Property(s) from		
	Made from 1/1/08	Column B	Made from	Column D			
		Through 3/31/08		4/1/08 Through 12/31/08			
				12/31/08			
agazine subscriptions:							

Please mail forms to: Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253

1C

2C

3C

4C

1E

2E

3E

4E



(R7/8-08) For Tax Year Beg	inning AA	1 1	2008 an	1 Endir	a BB		1	1					
Name as shown on return	,						Federal Identification Number						
B							A						
Each filling entity having income from sources both within	n and outside Indiana	must complete a	hroo fact	or apporti	onmont (noial inetit	utions a	nd cortain	incurance	compa	
nies that use a single receipts factor. Interstate transpo													
apportioning method (relative formula percentage) as	outlined in Tax Policy	1		ercents	should b	e rounded		•	- read a	· · · · · ·			
Part I - Indiana Apportionment of		Column A			Column B			Column C					
Adjusted Gross Income Property Factor - Average value of owned property from the beginning and the end of the tax year. (Value of and pro rata share of real and tangible personal property at original cost.)		Total Within Indiana		Total Within and Outside Indian			diana	Indiar	ia Percei	ntage			
(a) Property reported on federal return (average for tax	,												
(b) Fully depreciated assets still in use at cost (average	•												
(c) Inventories, including work in progress (average va	• •												
(d) Other tangible personal property (average value fo	r tax year)												
(e) Rented property (8 times the annual net rental)													
Total Property Values: Add lines 1(a) through 1(e)	1A			1B					1C		%	
Payroll Factor - Wages, salaries, commissions, attion of employess and pro rate share of payroll representations.	nd other compensa-												
Total Payroll Value:		2A			2B					2C		%	
3. Sales/Receipts Factor (less returns and allowa previously apportioned income that must be sep Sales delivered or shipped to Indiana:	nces) - Include all n			oss busi	ness inc	ome. Do	not use r	non-unitar	y partn	ership inc	ome of		
(a) Shipped from within Indiana													
(b) Shipped from outside Indiana													
Sales shipped from Indiana to:				<u> </u>									
(c) The United States government													
(d) Purchasers in a state where the taxpayer is income tax (under P.L. 86-272)	not subject to												
(e) Interest & other receipts from extending credit	attributed to Indiana												
(f) Other gross business receipts not previously	apportioned												
Total Receipts: Add column A receipts lines 3(a) t enter in line 3A. Enter all receipts in line 3B of colu	• .,	3A			3В								
4. Summary - Apportionment of income for Ind		peginning in 200	8										
(a) Receipts Percentage for factor 3 above: Divid	e 3A bv 3B. enter re	sult here: 4(a)1			0,	Multipl	v result	by 4.67		4a		%	
(b) Total Percents: Add percentages entered in be	`	iter Sum							4b		%		
(c) Indiana Apportionment Percentage: Divide line												%	
Note: If either property or payroll factor for colu If the receipts factor (3B) is absent, you re	mn B is absent, divi	de line 4b by 5.6	7.	ioro arra	ourly to	аррогиот		orr tiro tax	rotairi.	40		,,	
Part II - Business/Other Incom													
1. List all business locations where the taxpayer has o	perations or partnersh	nip interests and in	dicate typ	e of activi			ust be co	mpleted -	attach a	dditional s	neets if ne	cessary.	
(a) Location City and State	(b) Nature of Business Activity at Location		Orders?		(d) Registered to Do Business?				(f) Le	Property in State eased? (g) Owned?			
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Briefly describe the nature of Indiana business Indicate any partnership in which you have a ur				busines	ss activit	y of any p	oartnersh	ip in whic	h the ta	ixpayer h	as an inte	rest:	

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? $^{1}\Box Y$ $^{2}\Box N$ If no, please explain:

6. List source of any directly allocated income from partnerships, estates, and trusts not in taxpayer's apportioned tax base: